MedStar Family Choice

MEDSTAR FAMILY CHOICE FORMULARY UPDATES
February 18th 2026 Pharmacy and Therapeutics Committee Meeting

MedStar Family Choice (MFC) Pharmacy and Therapeutics Committee meets quarterly. During the February 2026 meeting, these formulary changes were made. **Bolded** names indicate a brand medication; other listed medications are generic.

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND April 1, 2026

Formulary Additions:	Formulary Removals:
Additions / Changes to prior authorization:	**Removal of Prior Authorization:**
Zidovudine (AZT) (generic of **RETROVIR**) syrup (10mg/ml) - *Age limit added; no PA required for infants under 2 months (under 2 months old)*	

*Please see the Prior Authorization and Step Therapy Table for clinical criteria. **The table is updated regularly.** Please use the most current version found on the MFC Providers page: https://www.medstarfamilychoice.com/maryland-providers/pharmacy-prescription-information

The MFC P&T Committee welcomes your feedback. Providers can email feedback or requests for formulary changes to: MFC-FormularyFeedback@MedStar.net